

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service, 6-5-01.
- b. The request was received on 3-15-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial TWCC 60
 1. EOBs
 2. HCFA 1500s
 - b. There is no response to the request for additional documentation found in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 5-28-02. There is no Carrier initial or 14 day response to this medical fee dispute in the file.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: No position statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only (DOS) eligible for review is 6-5-01.
2. The amount in dispute per the TWCC-60 is \$4,300.00.
3. The amount paid per the TWCC-60 is \$-0-.

V. RATIONALE

Medical Review Division's rationale:

The Requestor has submitted a HCFA 1500 reflecting charges for HCPCS Codes E0753 and E0751 for date of service 6-5-01. HCPCS Code E0753 is defined as “Implantable neurostimulator electrodes/leads”; and HCPCS Code E0751 is defined as “Implantable neurostimulator pulse generator or receiver”.

The carrier has denied the charges in dispute as “A – PRE-AUTHORIZATION NOT OBTAINED;” and “F – REIMBURSEMENT FOR YOUR RESUBMITTED INVOICE HAS BEEN CONSIDERED. NO ADDITIONAL MONIES ARE BEING PAID AT THIS TIME. SERVICE RENDERED REQUIRES PRE-AUTHORIZATION.” The Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

No preauthorization approval was noted in the dispute packet as required by TWCC Rule 134.600 (h). Therefore, no reimbursement is recommended.

The above Findings and Decision are hereby issued this 19th day of August 2002.

Lesa Lenart, RN
Medical Dispute Resolution Officer
Medical Review Division

LL/II

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.